

Civil Action No. 1:20-cv-3090

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* The Attorney General's Office
 was received by me on *(date)* 07/24/2020 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

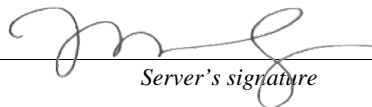
☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: I served the summons on the US Attorney General, The Attorney General's Office,
 Attn: Civil Process Clerk, 950 Pennsylvania Avenue NW, Washington, DC 20530 via
 CMRRR (sent on 07/31/2020 and received on 08/06/2020)

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 08/17/2020



Server's signature

Thelma Alvarado-Garza, Paralegal

Printed name and title

7500 Rialto Blvd., Bldg. Two, Ste. 250
Austin, Texas 78735

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

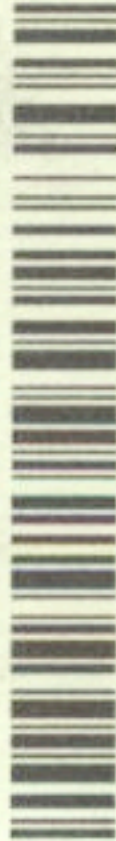
Reset

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Attorney General's Ofc.
Attorney Civil Process
Clerk*



9590 9402 5699 9346 4540 73

2. Article Number (Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**

Ealy Lane

☐ Agent☐ Addressee**B. Received by (Printed Name)**

AUG 06 2020

C. Date of Delivery**D. Is delivery address different from item 1?**

If YES, enter delivery address below:

☐ Yes☐ No**3. Service Type**

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery